STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185236	A. BUILDING _____ B. WING _____	C 01/07/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OWENSBORO PLACE CARE AND REHABILITATION CENTER	1205 LEITCHFIELD RD. OWENSBORO, KY 42303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An abbreviated survey investigating complaints KY#15778 and KY#15554 was initiated on 01/06/11 and concluded on 01/07/11. Complaint KY#15778 was found to be substantiated with deficiencies cited. Complaint investigation KY#15554 was found to be unsubtantiated with no regulatory violations.	F 000		
F 441	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their	F 441		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 441	Continued From page 1 hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on record review and interviews it was determined the facility failed to follow public health recommendations regarding seven (7) of eight (8) residents who tested positive for Norovirus. The facility failed to discontinue the admission of residents after the local health department recommended the facility not admit any new residents until three (3) days after the last reported case. The facility admitted Residents #2, #3, and #11 between 12/12/10 and 12/29/10. Resident #10 was readmitted to the facility on 12/14/10. The facility failed to collect health department requested stool specimens in a timely manner, collecting the first sample seven (7) days after the health department's initial request. The facility failed to follow their Outbreak Management guidelines, which included following the health department recommendations and failed to conduct an Infection Control Committee meeting. The findings include: Review of the facility's Outbreak Management	F 441		

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F 441	Continued From page 2	F 441		

guidelines dated 10/2009 revealed their actions were to implement:
1. Contacts are cultured as directed by the health department and/ or medical director and/or attending physician.
2. Symptomatic residents and employees are considered potentially infectious: cultures are obtained and appropriate precautions are maintained.
3. Discuss possible hold on admissions to the facility until four (4) days after the last reported case or as authorized by the health department or state regulations.

Nursing measures:
Obtain laboratory specimens as directed

Medical Director;
1. Oversee the management of the outbreak
2. Work with the attending physicians and health department to determine the need for laboratory specimens based on symptoms and conditions
3. Determine what precautions may be discontinued after three (3) negative stool specimens

Record review of the facility's Gastrointestinal Outbreak Surveillance Form revealed on the following dates resident or staff members complained of or had symptoms of nausea, vomiting, or diarrhea and were reported to the health department.
1. From 12/12/10 thru 12/13/10 the facility reported seventeen (17) residents and two (2) staff member cases were reported.
2. From 12/14/10 thru 12/29/10 the facility reported fifty-seven (57) resident and sixteen (16) staff cases were reported.

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F 441	Continued From page 3 Interview with the Owensboro Health Department on 01/06/11 at 4:00pm revealed the health department recommended to the facility on 12/13/10 not to admit any new residents and to obtain stool specimens from symptomatic residents related to the Norovirus outbreak. Record review of facility admissions documents revealed residents were admitted on each of the following days 12/16/10 (Resident #3), 12/17/10 (Resident #2), and 12/29/10 (Resident #11). Interview with the Director of Nursing (DON) and the Administrator on 01/07/11 at 10:00am revealed the facility admitted three (3) new residents to the facility during the Norovirus outbreak. Record review of Resident #10 revealed the resident had been readmitted to the facility on 12/14/10. Facility admissions form indicated Resident #10 had been admitted on 12/18/10. Further review of the facility surveillance form revealed Residents' #3 and #10 were symptomatic of illnesses of gastrointestinal outbreak as documented by nausea, vomiting and diarrhea. Record review of the eight residents tested revealed Resident #3 did not have a stool sample submitted for testing. Interview with the DON on 01/06/11 at 5:45pm revealed that eight residents were the only one's tested. Interview with the Director of Nursing on 01/06/11 at 5:30pm revealed the Nurse Practitioner (ARNP) assessed the residents and felt the residents did not have a virus. The stool specimens were collected on 12/20/10, seven (7) days after the request from the health department. Further interview at 6:00pm revealed	F 441		

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F 441	Continued From page 4 the Director of Nursing was aware none of the residents had a fever and still were positive for Norovirus. She further revealed the ARNP gave approval for new admissions based on the fact the residents had no fevers. The DON further stated the facility had not notified the health department of their continued admissions. Interview with the public health representative on 01/07/11 revealed she requested the facility obtain Norovirus stool specimens on 12/13/10. Interview with the DON on 01/07/11 at 10:00am confirmed she was given the recommendation of no admissions and collection of stool specimens by the health department, but was unsure of the specific date. Interview with the facility Administrator and DON on 01/07/11, at 1:10pm, revealed the facility did not call an emergency meeting of the Infection Control Committee to discuss the Norovirus illnesses, as indicated in the facility Outbreak Management guidelines. The administrator revealed the facility Outbreak Management guidelines were only suggestions to follow.	F 441		